**APPLICATION – FOR REFERENCE ONLY**

| A. ORGANIZATION INFORMATION |
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Organization Name:
Mailing Address:

**Primary Contact / Project Leader for this application.**
Name:
Email Address:
Phone Number:

**Individual who will sign a contract, if awarded.**
Name:
Email Address:
Phone Number:

**Please provide a brief description of your organization's mission and work (300 words max).**

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| B. PROJECT PROPOSAL |
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**Please describe the focus or vision for your project.**
**What do you hope to accomplish and how will you accomplish it?** (300 words max)
*Project must be completed by October 31st, 2024*

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**Please describe the need for this project.** (300 words max)

**Partnerships are encouraged but not required.**
**List any organizations or partners that might work with you and their role in the project.**

**Select the Statewide Health Improvement Partnership (SHIP) context area you are proposing to work in.**
**Check all that apply.**

☐ MN EATS (Healthy Eating)
☐ MN MOVES (Active Living)
☐ MN Commercial Tobacco-Free Living
☐ MN Well-being

**Select the project setting area that you are proposing to work in.**
**Check all that apply**.
☐ Community
☐ Schools
☐ Health care
☐ Workplace

☐ Child care

**Select the community that will be reached by this project.**
**Check all that apply.**

☐ People 65 years and older
☐ People 18 years and under
☐ Black, Indigenous, and People of Color (BIPOC)
☐ LGBTQ+ communities
☐ Disability community
☐ People with low or fixed incomes
☐ People experiencing mental health needs and/or substance misuse
☐ Other: _____

**What is the estimated number of individuals that will be reached by this project?**



**Select the city or cities that your project will be impacting.**
**Check all that apply.**
☐ Bloomington
☐ Edina
☐ Richfield

**Please describe how health equity has been considered in this project.**
**How does this project focus on health equity and/or increase opportunities for health that would not otherwise be available or accessible to your focus population?** (max 300 words)

**How do you plan to continue, expand, or sustain this project so that it benefits others after SHIP funding? In other words, please tell us how this project is related to a larger or long-term goal your organization might be working toward**. (max 300 words)

**Please describe the changes to a policy, system, or environment (PSE) that you hope this project will accomplish. You may use the Program Definitions Guide for reference.** (max 300 words)

**Do you need further technical assistance to identify PSE change for your proposed project?**

☐ Yes
☐ No
☐ Unsure

**How do you plan on communicating the success of this project with your partners and community?**
(300 words max)



## C. BUDGET

**What is your total budget request for this project?**



**Please list the budget amount requested for each city served.**
**If the project serves multiple cities, please list the amount requested for each city.**

**Bloomington**

$

**Edina**

$

**Richfield**

$

The SHIP grant requires each project to provide an in-kind contribution that is at least 10 percent of the total funding amount requested. An in-kind match is a non-cash contribution of the fair value of goods or services that support SHIP activities, contributed by the community partner.
Examples of in-kind contributions include time contributed by staff or volunteers, donated meeting space, donated printing, etc.

**How does your organization plan to meet this requirement?**
**Please include all in-kind contributions including the dollar amount.**

The chosen partner/vendor will be required to enter into a written contract with the City of Bloomington and will be required to comply with any additional terms therein.